



**Australian Multicultural
Health Collaborative**

OUR CULTURES OUR LANGUAGES OUR HEALTH

MEMBERSHIP APPLICATION

Health and Wellbeing/Social Care

- Individual Practitioners
- Organisations

Are you applying as:

Individual Practitioner Yes

Organisation/Service Yes

Please complete Section A

Please complete Section B

If there is insufficient space for your answers, you may add attachments

SECTION A: INDIVIDUAL PRACTITONERS

Your full name

Your email

State/Territory

Do you live in: Capital city Country town Remote Australia

Your profession /role

Your organisation

Organisation website

Organisation main focus/purpose

Are you from a multicultural, or refugee/migrant background?

Yes No

What is your cultural background? 1.
(For example: 2.
Chinese, Vietnamese, Lebanese, 3.
Italian, Pacific Islander etc...) 4.
You may choose more than one

What languages do you speak? (other than English)

Why do you want to be a member?

Would you be interested in any of the following?

Taking part in Collaborative working groups on topics that interest you

Yes No

Representing the Collaborative in national working or advisory groups

Yes No

Can we publish your name on a list of Members on our website?

Yes No

Please email the completed form to: admin@multiculturalhealth.org.au

If there is insufficient space for your answers, you may add attachments

SECTION B: ORGANISATION/SERVICE

**Authorised person
name**

Email

Best contact person

Email

About your organisation

Organisation Name

Website

Operational Area
(State/Territory)

Based in: Capital city Country town Remote Australia

Describe the role/purpose/functions of the Organisation

Approx % of CALD clients

Approx % of CALD staff

Does the organisation involve CALD people in its governance? Yes No

Does the organisation have policies or procedures in place regarding:

Diversity/Inclusion Yes No Language Services Yes No

Why does your organisation wish to become a member?

Would your organisation be interested in any of the following?

Taking part in Collaborative working groups on topics that interest you Yes No

Representing the Collaborative in national working or advisory groups Yes No

On the Membership List on our website may we publish...

Your organisation name Yes No

Your organisation web address Yes No

Your logo (if yes, please attach) Yes No

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